REMARKS

Favorable reconsideration of the above-identified application is requested in view of the amendments made herein and the following remarks.

Claim 2 is canceled, with subject matter from Claim 2 being incorporated into Claim 1. Also, new Claims 11-21 are added. Thus, Claims 1 and 3-21 are currently pending, with Claims 1 and 11 being the only independent claims.

Claim 1 is amended to improve a grammatical matter by deleting the term "occurred." That amendment does not narrow the scope of the claim.

The Official Action raises an issue regarding the clarity of Claim 9. Claim 9 is amended to address that issue.

The Official Action rejects Claims 1-8 and 10 as being anticipated by U.S. Patent No. 5,782,809 to Umeno et al., hereinafter *Umeno*.

Claim 1 recites that the catheter for penetrating a stenoic lesion in a lumen in a human body comprises a linear wire and a tubular body. The tubular body is placed on a distal end side of the wire and allows a guide wire to be inserted through its hollow portion. The wire is metal and has a solid cross section and a covering layer composed of a resin material covering an outside of the metal wire.

Umeno discloses a catheter having a lumen 3 extending between a hub 11 at the proximal end side and a distal end 13 to allow a guide wire to pass through.

Claim 1 is allowable at least because it recites that the catheter comprises a tubular body on the distal end side of the wire, with the hollow portion of the tubular body being adapted to receive a guide wire. That is, according to Claim 1, the catheter comprises the linear wire and the tubular body on the distal end side of the wire. Claim 1 goes on to recite that the tubular body includes a hollow portion

through which is adapted to be inserted a guide wire. In *Umeno*, the tubular portion is not positioned at the distal end side of a linear wire. That is, *Umeno* does not disclose, in addition to the guide wire that passes through the hollow portion of the tubular body, a linear wire positioned relative to the tubular body so that the tubular body is on the distal end side of the linear wire. In addition, as now recited in Claim 1, the linear wire is metal and has a solid cross-section together with a covering layer composed of a resin material. As discussed beginning near the top of page 9 of the present application, a catheter having features such as recited in Claim 1 is advantageous in several respects.

For example, the solid cross-section of the wire imparts a relatively high degree of flexural and torsional rigidity to the wire. Thus, the pushing force applied by an operator to the proximal end portion of the catheter is reliably transmitted to the distal end portion of the catheter (the tubular portion). Thus, the distal end portion of the catheter (the tubular portion) can relatively easily and rapidly penetrate or pass through a stenotic lesion in the human body. In addition, when pulling out the catheter from a blood vessel so that it can be exchanged with another catheter (e.g., a balloon catheter), the length of the portion of a guide wire placed in the blood vessel that is exposed outside the human body only needs to generally correspond to the length of the tubular portion. It is thus possible to use a guide wire of relatively short length so that the catheter and balloon catheter can be pulled out or inserted along the guide wire relatively easily and rapidly.

The Official Action relies on the guide wire described in column 3, lines 1-5 in *Umeno* for a disclosure of the claimed metal wire. However, the guide wire that is passed through *Umeno's* lumen 3 is not a metal wire positioned such that the tubular

portion is at the distal end side of the metal wire. Rather, as noted, the guide wire discussed at the top of column 3 more appropriately corresponds to the guide wire that is adapted to be inserted though the hollow portion of the tubular body recited in Claim 1. Accordingly, withdrawal of the rejection of Claim 1 is respectfully requested.

Claims 3-8 and 10 are also allowable at least by virtue of their dependence from Claim 1. Thus, additional distinguishing aspects of the catheter recited in these dependent claims are not discussed at this time.

New independent Claim 11 recites that the catheter comprises a linear wire having a distal end, and a tubular body having a distal end and a hollow portion adapted to receive a guide wire, with the tubular body being secured to the wire so that the distal end of the tubular body is always located distally beyond the distal end of the wire. In addition, Claim 11 also recites that the linear wire is metal and has a solid cross-section and a covering layer composed of a resin material covering the outside of the metal wire.

This claim is patentably distinguishable over the disclosure in *Umeno* at least because the catheter disclosed in *Umeno* does not include a tubular body secured to a linear wire so that the distal end of the tubular body is always located distally beyond the distal end of the wire. Thus, Claim 11 and all claims that depend from Claim 11 are allowable.

For the reasons stated above, it is requested that all the rejections and objections be withdrawn and that this application be allowed in a timely manner.

Should any questions arise in connection with this application, or should the examiner believe that a teleconference with the undersigned would be helpful in